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**BOX AF**

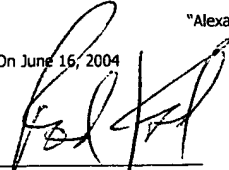
~~AF~~ AF/1746  
IFW

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to:

"Commissioner for Patents"  
"P.O. Box 1450"  
"Alexandria, VA 22313-1450"

On June 16, 2004



RONALD A. KOATZ  
ATTORNEY FOR APPLICANT(S)  
REGISTRATION NO. 31,774

June 16, 2004  
DATE OF  
SIGNATURE

**RESPONSE UNDER 37 CFR §1.116**  
**EXPEDITED PROCEDURE**  
**EXAMINING GROUP #1746**

PATENT

C7564(V)  
Y2-0548-UNI

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Customer Number: 000201  
Attorney Docket No.: C7564(V)  
Applicant: Ashcroft et al.  
Serial No.: 09/940,730  
Filed: August 28, 2001  
For: CLEANING AID

Group: 1746  
Examiner: Alexander Markoff  
Edgewater, NJ 07020  
June 16, 2004

**AMENDMENT UNDER 37 CFR §1.116 IN RESPONSE TO OFFICE ACTION MAILED**  
**MARCH 26, 2004**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

In response to the Office Action mailed March 26, 2004, please amend the application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

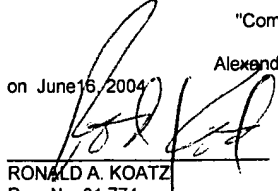
**Remarks/Arguments** begin on page 6 of this paper.

**CERTIFICATE OF MAILING**

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on June 16, 2004

  
RONALD A. KOATZ  
Reg. No. 31,774  
Attorney for Applicant(s)

June 16, 2004  
Date of  
Signature

UNITED STATES DEPT. OF COMMERCE  
Patent and Trademark Office

PATENT  
Y2-0548-UNI  
C7564(V)

Customer No.: 000201  
In re application of: Ashcroft et al.  
Serial No.: 09/940,730  
Filed: August 28, 2001  
For: CLEANING AID

Group: 1746  
Examiner: Alexander Markoff  
Edgewater, New Jersey 07020  
June 16, 2004

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

**CLAIMS AS AMENDED**

	(2) * Claims Remaining After Amendment		(4)** Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims		Minus			\$ 18.00	
Independent Claims		Minus			\$ 86.00	
Multiple Claims					\$ 290.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$	

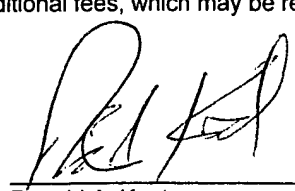
\*If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

\*\*If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.

- ☐ Charge \$\_\_\_\_\_ to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under
- ☒ 37 C.F.R. § 1.16;
- ☒ 37 C.F.R. § 1.17;
- ☒ 37 C.F.R. § 1.18.

Triplicate copies of this letter are enclosed.

RAK/sc  
(201) 840-2912

  
Ronald A. Koatz  
Attorney of Record  
Reg. #31,774